

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-008705

DO NOT WRITE
ON THIS STUB

AMENDED FILED FEB 19 1963

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1493

STATE FILE NUMBER

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)						
						a. COUNTY <u>ST. LOUIS</u>	a. STATE <u>ILL.</u> b. COUNTY <u>MADISON</u>						
						b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>	Length of stay in 1b <u>2 WEEKS</u>	c. CITY OR TOWN <u>GRANITE CITY</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
						c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>JEWISH HOSPITAL</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2323 DELMAR</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
						3. NAME OF DECEASED	First <u>WILLIAM</u>	Middle <u>E.</u>	Last <u>HABEKOST</u>	4. DATE OF DEATH	Month <u>2-</u>	Day <u>8-</u>	Year <u>63</u>
						5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-17-68</u>	9. AGE (last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR	
						10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SELF EMPLOYED</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>GROCEER</u>	11. BIRTHPLACE (City and state or country) <u>CARLINVILLE, ILL.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>				
						13a. FATHER'S NAME <u>WILLIAM HABEKOST</u>	13b. MOTHER'S MAIDEN NAME <u>AMALIA KLETT</u>	14. NAME OF HUSBAND OR WIFE <u>EMMA HABEKOST</u>					
						15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>NO</u> <u>NONE</u>	16. SOCIAL SECURITY NO. <u>6528</u>	17. INFORMANT <u>Emma Habekost</u>					
						18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arterio Sclerosis</u> <u>Rheumatic Heart Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>411X</u> DUE TO (c) <u>411X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	INTERVAL BETWEEN ONSET AND DEATH						
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)											
20c. TIME OF INJURY Hour <u>12:45</u> a.m. p.m. Month, Day, Year <u>Feb 1963</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE							
21. I attended the deceased from <u>Feb 1963</u> and last saw him alive on <u>Feb 7, 1963</u> Death occurred at <u>12:45</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	22a. SIGNATURE <u>Hubert B. Zimmerman</u> M.D.		22b. ADDRESS <u>2165 Knapfieldway</u>	22c. DATE SIGNED <u>2-9-63</u>									
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>2-11-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SUNSET HILL</u>	23d. LOCATION (City, town, or county) <u>EDWARDSVILLE, ILLINOIS</u>	25. DATE RECD. BY LOCAL REG. <u>FEB 11 1963</u>		26. REGISTRAR'S SIGNATURE <u>Ed Mercer Sons</u>							
24. FUNERAL DIRECTOR <u>Ed Mercer Sons</u>	ADDRESS <u>ILL. GRANITE CITY</u>	26. REGISTRAR'S SIGNATURE <u>Ed Mercer Sons</u>		26. REGISTRAR'S SIGNATURE <u>Ed Mercer Sons</u>									

USE BLACK INK

OR
TYPEWRITER RIBBON

SHOULD READ

BY AFFIDAVIT OF



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Frank R. Mercer

Licensed Embalmer No. 4420

P. O. Address Granite City Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.